



## **ICD-10 Specificity of Coding**

### **ICD-10 Overview**

ICD-10-CM incorporates much greater clinical detail and specificity than ICD-9-CM which results in:

- Improved ability to measure health care services
- Increased sensitivity when refining grouping and reimbursement methodologies
- Enhanced ability to conduct public health surveillance and
- Decreased need to include supporting documentation with claims

To accomplish these ends, ICD-10 diagnosis codes must be reported to the greatest degree of specificity available including 6th and 7th position, when appropriate.

Codes for diagnostic tests must be based on findings whenever possible. At a minimum, the ICD-10 diagnosis code submitted on a claim must be at least as specific as the HCPCS/CPT code submitted on the claim.

#### **Example:**

- CPT Code 73510-26RT: Radiologic exam, unilateral hip, prof. services, right
- ICD-10 Code M25.559: Pain in unspecified hip

Specificity in the diagnosis code is inadequate. The appropriate diagnosis code is M25.551: Pain in right hip.

Fracture of an unspecified finger or toe should almost never be coded. The correct digit, if not phalanx, should be identified.

#### **Example:**

- ICD-10 Code S62.609A: Fx of unspecified phalanx, unspecified finger, initial, closed fx is not specific.

At a minimum, code which hand and finger:

- ICD-10 Code S62.607A: Fx of unspecified phalanx, left little finger, initial, closed fx

Even better, code with complete specificity:

- ICD-10 Code S62.617A: Displaced Fx of proximal phalanx of left little finger, initial, closed

#### **Source**

<https://www.cms.gov/medicare/coding/icd10>